UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

		<u> </u>
Attorney Docket No.	00862.023275.	s. 7 78
First Name	ed Inventor or Application Identifier	⊃ <u>6</u>
MITSURU OWADA		988)/6
Express Mail Label No.		31

			Express Mail	Label No.		133
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			ADDR	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1.	ransmittal Form ait an original, and a duplicate for fee	processing)	7.	CD-ROM or Program (A	r CD-R in duplicate	, large table or Computer
	cant claims small entity status. 7 CFR 1.27.		8.		and/or Amino Acid : , <i>all necessary)</i>	Sequence Submission
3. X Speci	fication Total Pa	ages 107		a (Computer Readable	Form (CRF)
	ing(s) (35 USC 113) Total Si				ation Sequence List	-
5. X Oath	or Declaration Total Pa	ages 1			paper	
a. <u>X</u>	Newly executed (original or c	ору)				identity of above copies
b	-	N Box 17 completed) VENTOR(S) ttached deleting inventor pplication, see 37 CFR (b).	` '	Assignment I 37 CFR 3.73 (when there English Trailinformation Statement (Preliminary Return Recipion (Should be accepted)	PANYING APPLIC Papers (cover sheet (b) Statement (c) is an assignee) Instation Document Disclosure IDS)/PTO-1449 Amendment Postcard (MPE Specifically itemized (py of Priority Document)	& document(s)) Power of Attorney (if applicable) Copies of IDS Citations P 503)
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:						
Continuation Divisional Examiner Continuation-in-part (CIP) of prior application No/ Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be						
relied upon when a portion has been inadvertently omitted from the submitted application parts.						
18. CORRESPONDENCE ADDRESS 05514						
X Custome	r Number or Bar Code Label	(Insert Customer No.		abel here)	or Corres	pondence address below
NAME						
Address						
City		State			Zip Code	
Country		Telephone	<u> </u>		Fax	

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS	
	TOTAL CLAIMS (37 CFR 1.16(c))	85-20 =	65	X \$ 18.00 =	\$1170.00	
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	12-3 =	9	X \$ 86.00 =	\$ 774.00	
	MULTIPLE DEPENDENT	T CLAIMS (if applicable) (37	\$290.00 =	\$ 0		
				BASIC FEE (37 CFR 1.16(a))		
			Total of	above Calculations =	\$2714.00	
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).					
				TOTAL =	\$2714.00	
19. Sn a.		ntity statement is enclose				
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	FRANK A. DeLUCIA, JR.			
SIGNATURE	Land June (REG. NO. 42,	476)		
DATE	October 21, 2003			

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